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26162 7590 05/19/2006

FISH & RICHARDSON P.C.
P.O. Box 1022
Minneapolis, MN 55440-1022

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(Date): _____

(Signature): _____

(Title): _____

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/789,688	02/27/2004	Barret Lipsey	02163-589061	9349

TITLE OF INVENTION: DISPLAY SCREENS

APPN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAHONEY, CHRISTOPHER E.	2852	359-443000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

1. [] Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached

1. [] "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03/02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents or, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.**

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE (CITY AND STATE OR COUNTRY)

Box Corporation

Framingham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [] corporation or other private group entity [] government

4a. The following fees are enclosed:

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 [] Publication Fee (for small entity discount permitted)
 [] Advance Under - # of Copies _____ 10

4b. Payment of Fee(s):

[] A check in the amount of the fees is enclosed
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 [] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 96-1050 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

1. [] Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).

1. [] Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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